| Under the Peperwork   | t Reduction Act of 191         | 85, no person are requi | ired to res           | U.S. Patent                     | Approv<br>and Tradem<br>amoini to oc | ved for use throug<br>ark Office; U.S. D<br>Ion unless it dispi | <b>5 05700010 0</b> | 1/88/17 (10-08)<br>IMB 0881-0032<br>F COMMERCE |  |
|---|--------------------------------|-------------------------|-----------------------|---------------------------------|--------------------------------------|---|---------------------|--|--|
| Ettocible on 43/08/0004   |                                |                         |                       | Complete If Known               |                                      |   |                     |  |  |
| Fees pursuant to the Consolidated Appropriations Aut, 2005 (H.R. 4818).   |                                |                         |                       | Application Number Patent#: 7.  |                                      |   |                     |  |  |
| FEE TRANSMITTAL   |                                |                         |                       | Filing Date                     |                                      | Issued: November 3, 2009  |                     |  |  |
|   |                                |                         |                       | First Named Inventor Tadashi Ma |                                      | Tadashi Mari  | rumoto              |  |  |
| For FY 2009   |                                |                         |                       | Examiner Name D. 8              |                                      | . S. Nakarani   |                     |  |  |
| Applicant claims small entity status. See 37 CFR 1.27   |                                |                         |                       | Art Unit                        |                                      | 1794  |                     |  |  |
| TOTAL AMOUNT OF PAYMENT (3) 940.00  |                                |                         |                       | Attorney Docket No. 21          |                                      | 21581-00462-US  |                     |  |  |
| METHOD OF PAYMENT (check all that apply)  |                                |                         |                       |                                 |                                      |   |                     |  |  |
| Check X Credit Card Money Order Non   |                                |                         |                       | ne Other (plansa identify):     |                                      |   |                     |  |  |
| Deposit Account Deposit Account Number 22-0185 Deposit Account Name; Connolly Bove Lodge & Hutz LLP   |                                |                         |                       |                                 |                                      |   |                     |  |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  |                                |                         |                       |                                 |                                      |   |                     |  |  |
| Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  |                                |                         |                       |                                 |                                      |   |                     |  |  |
| Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  |                                |                         |                       |                                 |                                      |   |                     |  |  |
| FEE CALCULATION   |                                |                         |                       |                                 |                                      |   |                     |  |  |
| 1. BASIC FILING, SEA  | RCH, AND EXA                   | MINATION FEES           |                       |                                 |                                      |   | <del>0CT-2-7-</del> | <del>2009 -</del>                              |  |
| ,   |                                | IG FEES                 | SEAR                  | CH FEES                         | EXAMIN                               | ATION FEE   | s                   |  |  |
| Application Type  | Feg. (\$)                      | Small Entity            | (C)                   | Small Entity                    | F (6)                                | Small Entity  | FICE AF P           | ETITLONS                                       |  |
| Utility   | 330                            |                         | <u>ee (\$)</u><br>540 | <u>Fee (\$)</u><br>270          | <u>Fee (\$)</u><br>220               |   | I TOL PROS.P.       | <u>ua.(8)</u>                                  |  |
| Design  | 220                            |                         | 100                   | 50                              | -                                    | 110   |                     | <del></del>                                    |  |
| Plant   | 220                            |                         |                       |                                 | 140                                  | 70  |                     |  |  |
| Reissue   |                                |                         | 330                   | 165                             | 170                                  | 85  |                     |  |  |
|   | 330                            |                         | <b>5</b> 40           | 270                             | 650                                  | 325   |                     |  |  |
| Provisional   | 220                            | 110                     | 0                     | 0                               | 0                                    | 0   |                     |  |  |
| 2. EXCESS CLAIM FEES Small Entity   |                                |                         |                       |                                 |                                      |   |                     |  |  |
| <u>Fee Description</u><br>Each claim over 20 (including Reissucs)   |                                |                         |                       |                                 |                                      |   | Fee (\$)            | Fee (\$)                                       |  |
| From tedescondens of the control of |                                |                         |                       |                                 |                                      |   |                     |  |  |
| A distribution of the state of |                                |                         |                       |                                 |                                      |   |                     | 195  |  |
|   |                                |                         | Eac (                 | ee Paid (\$) N                  |                                      | Yultiple Depandent Claims                                       |                     |  |  |
|   | Claims Extra Claims Fee (\$) F |                         |                       | - aib (4)                       |                                      |   |                     |  |  |
| HP = highest number of total claims paid for, if greater than 20,   |                                |                         |                       | ·                               | <u>ĽRI</u>                           | <del>9 (\$)</del>   | ENE FAIG (S)        |  |  |
| indep. Claims   | Extra Claims                   | Fee (\$)                | Fee F                 | Paid (\$)                       |                                      |   |                     | -  |  |
| -3 or HP  |                                |                         |                       |                                 |                                      |   |                     |  |  |
| HP = highest number of independent claims paid for, if greater than 3.  |                                |                         |                       |                                 |                                      |   |                     |  |  |
| 3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer  |                                |                         |                       |                                 |                                      |   |                     |  |  |
| listings under 37 C   | CFR 1.52(a)), the              | application size fe     | e due is              | \$270 (\$135 ft                 | or small en                          | itity) for each   | additional 50       |  |  |
| sheets or fraction (  | thereof, See 35 C              | J.S.C. 41(a)(1)(G)      | and 37                | CFR 1.16(s).                    |                                      | •,  |                     |  |  |
| Total Sheets  | Extra Sheets                   |                         |                       | ional 50 or frac                |                                      |   | Fee P               | a <u>id (\$)</u>                               |  |
|   |                                |                         |                       |                                 |                                      |   |                     |  |  |
| 4. OTHER FEE(S)   |                                |                         |                       |                                 |                                      |   |                     | Fees Paid (\$)                                 |  |
| Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37  |                                |                         |                       |                                 |                                      |   | 130.00              |  |  |
| Other (e.g., late fill)   | ng surcharge): 1               | Bul Request for         | continu               | ed examinat                     | ion (RCE)                            | (see 37   | 810                 | 0.00   |  |
| SUBMITTED BY  |                                |                         |                       |                                 |                                      |   |                     |  |  |
| Signature   | 75 / /                         | 11                      | Reg                   | giatration No.<br>omey/Agent)   | 24,852                               | Telephone   | (202) 331           | -7111  |  |
| Name (Printrype) Burto  | n A. Amernick                  |                         |                       |                                 |                                      | Date  | October 27          | , 2009   |  |